
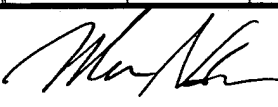


|  |                 |                |  |
|--|-----------------|----------------|--|
| <b>Issue Classification</b><br> | Application No. | Applicant(s)   |  |
|  | 10/694,060      | KATO GI ET AL. |  |
|  | Examiner        | Art Unit       |  |
|  | Marc E. Norman  | 3744           |  |

| ISSUE CLASSIFICATION                              |          |  |                                   |     |       |     |                          |  |  |
|---|----------|--|-----------------------------------|-----|-------|-----|--------------------------|--|--|
| ORIGINAL  |          |  | CROSS REFERENCE(S)                |     |       |     |                          |  |  |
| CLASS   | SUBCLASS | CLASS  | SUBCLASS (ONE SUBCLASS PER BLOCK) |     |       |     |                          |  |  |
| 62  | 175      | 62   | 203                               | 207 | 228.1 | 331 |                          |  |  |
| INTERNATIONAL CLASSIFICATION                      |          |  |                                   |     |       |     |                          |  |  |
| F 2 5 B   | 7 1 00   |  |                                   |     |       |     |                          |  |  |
| F 2 5 B   | 41 1 00  |  |                                   |     |       |     |                          |  |  |
| F 2 5 B   | 49 1 00  |  |                                   |     |       |     |                          |  |  |
|   | /        |  |                                   |     |       |     |                          |  |  |
|   | /        |  |                                   |     |       |     |                          |  |  |
| <del>(Assistant Examiner)</del> <del>(Date)</del> |          | <br><b>MARC NORMAN</b><br><b>PRIMARY EXAMINER</b><br>(Primary Examiner) |                                   |     |       |     | Total Claims Allowed: 8  |  |  |
| TH 4-27<br>(Legal Instruments Examiner) (Date)    |          |  |                                   |     |       |     | O.G. Print Claim(s)<br>/ |  |  |

|   |          |                              |          |                               |          |                                 |          |
|---|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
| Final   | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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